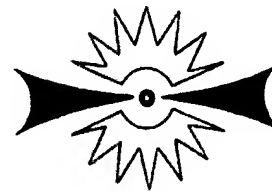


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DATE: 11/8/2005

United States Patent and Trademark Office
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Application Number: 10/783,009
File Date: 2/23/2004
Applicant: Kenneth Gaylord Parrent

RE: Petition to Make Special Advancement of Examination

708.02 PETITION TO MAKE SPECIAL (R03) – 700 Examination of Applications

IV. APPLICANT'S AGE

Please see attached copy of Birth Certificate.

Your attention is appreciated.

Kenneth Parrent

STANDARD CERTIFICATE OF BIRTH.

PLACE OF BIRTH

Department of Public Health,
Division of Vital Statistics

DO NOT WRITE IN THIS SPACE

County of Fergus

Township of _____ STATE OF MONTANA.

Village or Lewistown No. St. Joseph's Hosp. Street. Reg. No. 301City of Lewistown Full Name of Child Kenneth Gaylord Parrent { If child is not yet named, make supplemental report, as directed.

Sex of Child <u>Male</u>	Twin, Triplet, or other? _____	Number in order of birth. _____	Legitimate <u>Yes</u>	Date of birth <u>Dec 3</u> 19 <u>25</u>
To be answered only in event of plural births.			(Month)	(Day) (Year)

FATHER.

Full Name. R. G. Parrent

Residence. Lewistown Mont.

Color. White Age at last birthday 21 (Years)

Birthplace. Montana

Occupation. Farmer

MOTHER.

Full Maiden Name. Ellise Jordan

Residence. Lewistown Mont.

Color. White Age at last birthday 22 (Years)

Birthplace. Missouri

Occupation. Wife

Number of children born to this mother including present birth: } (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

What prophylactic was used to prevent ophthalmia neonatorum? Alver Nil

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive at 540 P. M., on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from supplemental report _____ 19____

Signature E. S. Porter
Physician
(Physician or midwife)

Filed 12/9 1925 M. Pleasant Registrar.

Date of birth Dec. 3, 1925 Volume _____

County Fergus Certificate 6-24-43
or City Lewistown

I hereby certify that the full name of my child, born on the above date, is:

Kenneth Gaylord Parrent

(Child's full name)

Anna Ellise Jordan

(Mother's full maiden name)

Richard Gaylord Parrent

(Father's full name)

State of Montana, } ss.
County of Fergus. }

SEP 21 1973

Date Issued _____
This is to certify that the above document is a true and correct copy of the information shown on the duplicate. BIRTH Record on file in this office.

Signed May Redburn
Clerk and Recorder.

By 8/25/43